

No. 2  
-1-4-41  
-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 25 1941  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **16375**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3893**

1. PLACE OF DEATH:

(a) County **St. Louis.**  
(b) City or town **St. Louis.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5913 Theodosia Ave. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **25 Years.**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **100**  
(c) City or town **St. Louis.** **1718**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4222 Swan Ave.** **9**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Emma Wrest.**

3. (b) If veteran. name war..... 3. (c) Social Security No. **None**

4. Sex **Female /** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Widow.**  
6. (b) Name of husband or wife **Joseph E. Wrest.** 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **February 6, 1881.**  
(Month) (Day) (Year)

8. AGE: Years **60** Months **3** Days **0** If less than one day hr. min.

9. Birthplace **Martinburg, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **At Home.**

11. Industry or business.....

MOTHER FATHER { 12. Name **Charles Aubuchon.**  
13. Birthplace **Florissant, Mo.** (City, town, or county) (State or foreign country)  
14. Maiden name **Mary Martneick,**  
15. Birthplace **Bohemia, Europe.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Felicia McCarty,**  
(b) Address **8905 St. Charles Road.**

17. (a) **burial.** (b) Date thereof **5-10-41.**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Sunset Burial Park.**

18. (a) Signature of funeral director **A. J. J. Donnelly**  
(b) Address **3840 Lindell Blvd**

19. (a) **MAY 8 1941** (b) **J. T. Bredek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6th.** year **1941** hour **9:45** minute **P.** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death..... **Hemorrhage due to gunshot wound of chest, penetrating heart and lung, self inflicted at 5913 Theodosia Ave., May 6, 1941, about 9:30 P.M.** Duration

Due to..... Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations..... Of autopsy..... PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Suicide.**

(b) Date of occurrence **May 6, 1941**

(c) Where did injury occur? **St. Louis, Mo.** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0** In Home (Specify type of place)

While at work?..... Means of injury **3**  
23. Signature **Alfred W. Perry** (M. D. or other) Address **Alfred W. Perry** Date signed **5/8/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Worona  
Office

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**